L14000103963

(Requestor's Name)	
(Address)	· · · · · · · · · · · · · · · ·
(Address)	
(City/State/Zip/Phone	#)
PICK-UP WAIT	MAIL
(Business Entity Nam	e)
(Document Number)	
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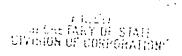
COVER LETTER

TO:

TO: Registration So Division of Cor			
AZURE CA	AVERNS, LLC		,
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	SANDRA H. ANUSAVIC	E	
		Name of Person	
		Firm/Company	
	8090 A1A South, Unit 203	,	
		Address	
	St. Augustine, FL 32080		
		City/State and Zip Code	
	sanusavice@gmail.com	to be used for future annual report no	(ification)
For further information c	oncerning this matter, please c		uncation)
Heather McInnis		386 935-2171	
Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration So	ection
Division of C		Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee, l	FL 32314	2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



AZURE CAVERNS, LLC

21 MAR 18 PM 4: 11

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _______ 30, 2014 and assigned Florida document number 1.14000103963 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 8090 A1A South, Unit 203 Enter new principal offices address, if applicable: St. Augustine, FL 32080 (Principal office address MUST BE A STREET ADDRESS) 8090 A1A South, Unit 203 Enter new mailing address, if applicable: St. Augustine, FL 32080 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: SANDRA H. ANUSAVICE Name of New Registered Agent: 8090 A1A South, Unit 203 New Registered Office Address: Enter Florida street address St. Augustine

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Cin

Skude H Cluceravice

If Changing Registered Agent Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: TARY OF STATE OF COMPONATION

MGR = Manager AMBR = Authorized Member

21 MAR 18 PM 4: 11

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SANDRA H. ANUSAVICE	8090 A1A South, Unit 203	□ Add
		St. Augustine, FL 32080	□Remove
			□Change
MGR	GLENDA C. HATCH	26850 SR 247	🗀 Add
		Branford, FL 32008	Remove
MGR	WILLIAM JOEL HATCH	1423 San Rafael Ave NE	□Add
		Alburquerque NM 87122	□Remove
			Change
MGR	WALTER RANDOLPH HATCH		
			≅Remove
			□ Change
MGR	HATCH LAND & TIMBER, INC.		□Add
			■Remove
			□ Change
<u></u>			□Add
			□Remove
			□Chanas

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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or ote: If the date inserted in this block does not meet the applicable statutory fil ocument's effective date on the Department of State's records.	(optional) more than 90 days after filing.) Pursuant to 605.0207 (3)(b) ling requirements, this date will not be listed as the
record specifies a delayed effective date, but not an effective time, at 12:01 a.m d is filed.	n, on the earlier of: (b) The 90th day after the
Dated March 9 2021. AMThris	
A M. Turis Signature of a member or authorized representati	ara of a mamb w
Heather H. McIncs At Typed or printed name of signee	